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REGISTER OF ACTIONS

CASE NO. CC-15-04604-B

**PRINCESS BLACK vs. KEN M. JORGENSEN, LAWRENCE
TRANSPORTATION COMPANY**

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§
§

Case Type: **DAMAGES (COLLISION)**
Date Filed: **09/10/2015**
Location: **County Court at Law No. 2**

PARTY INFORMATION

DEFENDANT JORGENSEN, KEN M.

Lead Attorneys
EMILY A QUILLEN
Retained
817-869-1700(W)

DEFENDANT LAWRENCE TRANSPORTATION COMPANY

PLAINTIFF BLACK, PRINCESS

RICK LEE WINGLER
Retained
214-742-8897(W)

EVENTS & ORDERS OF THE COURT

	OTHER EVENTS AND HEARINGS	
09/10/2015	NEW CASE FILED (OCA)	
09/10/2015	ORIGINAL PETITION	
	<i>Plaintiff's Original Petition</i>	
09/10/2015	CIVIL CASE INFORMATION SHEET	
	<i>Civil Sheet</i>	
09/10/2015	ISSUE CITATION	
	PLACE IN ATTORNEY PU BOX ON 9/10/2015@12:15PM (MAILED 1-CITATION TO ATTY OFFICE ON 9/21/2015 7-DAY LIMIT DEFENDANT=	
	KEN M. JORGENSEN SF)	
09/10/2015	CITATION (SERVICE)	
	KEN M. JORGENSEN	
	JORGENSEN, KEN M.	Unserved
10/26/2015	ORIGINAL ANSWER	
	<i>Original Answer of Defendant Ken M. Jorgenson</i>	
10/26/2015	JURY TRIAL DEMAND	
12/14/2015	DISMISSAL HEARING (9:00 AM) (Judicial Officer FIFER, KING)	

FINANCIAL INFORMATION

	PLAINTIFF BLACK, PRINCESS		
	Total Financial Assessment		302.00
	Total Payments and Credits		302.00
	Balance Due as of 10/26/2015		0.00
09/10/2015	Transaction Assessment		280.00
09/10/2015	CREDIT CARD - TEXFILE Receipt # CV-2015-11176 (CC)	BLACK, PRINCESS	(280.00)
10/26/2015	Transaction Assessment		22.00
10/26/2015	CREDIT CARD - TEXFILE Receipt # CV-2015-13208 (CC)	BLACK, PRINCESS	(22.00)

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

PRINCESS BLACK
Plaintiff,

v.

KEN M. JORGENSEN and
LAWRENCE TRANSPORTATION
COMPANY
Defendants.

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CIVIL ACTION NO. _____

INDEX OF DOCUMENTS FILED IN STATE COURT

The following documents have been filed in cause number CC-15-04604-B, in the
County Court at Law No. 2, Dallas County, Texas:

	<u>DOCUMENT</u>	<u>DATE FILED</u>
1.	Plaintiff's Original Petition with Request for Disclosure	September 10, 2015
2.	Civil Case Information Sheet	September 10, 2015
3.	Citation for Ken M. Jorgenson	September 10, 2015
4.	Notice Pursuant to TRCP 165a	September 17, 2015
5.	Defendant Ken M. Jorgenson's Original Answer	September 26, 2015

4849-9051-6009, v. 1

Exhibit B

CAUSE NO. CC-15-04604-B

PRINCESS BLACK	§	IN THE COUNTY COURT
	§	
VS.	§	DALLAS COUNTY, TEXAS
	§	
KEN M. JORGENSEN AND	§	
LAWRENCE TRANSPORTATION	§	
COMPANY	§	AT LAW NO. _____

PLAINTIFFS' ORIGINAL PETITION WITH REQUEST FOR DISCLOSURE

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES PRINCESS BLACK, hereinafter referred to as Plaintiff, complaining of KEN M. JORGENSEN AND LAWRENCE TRANSPORTATION hereinafter referred to as Defendants, and for cause of action would show the Court and Jury:

I.

Discovery in this cause of action is to be conducted under TEX. R. CIV. P. 190.2, Level 1. Plaintiff seeks only monetary relief of \$100,000 or less, including damages, of any kind, penalties, costs, pre-judgment interest and attorney fees.

II.

Plaintiff PRINCESS BLACK is an individual residing in Dallas, Dallas County, Texas. For identification purposes, Plaintiff's driver's license number is xxxxx453 and her social security number is xxxxxxx673.

Defendant KEN M. JORGENSEN is an individual residing in Hayfield, Dodge County, Minnesota and may be served at 205 6th Avenue, Hayfield Minnesota, 55940, or in the alternative, anywhere he may be found.

III.

On October 2, 2013, Plaintiff PRINCESS BLACK was operating a 2009 Hyundai

westbound on LBJ Freeway in Dallas, Dallas County, Texas . At that time and place, a 2009 Volvo being operated by Defendant **KEN M. JORGENSEN**, and owned by, leased to, or otherwise under the control of Defendant **LAWRENCE TRANSPORTATION COMPANY**, suddenly and without warning crossed on to Plaintiff's lane of traffic causing the collision between both vehicles. Defendant **KEN M. JORGENSEN** was in the course and scope of his employment for said company at the time. The occurrence at issue, and Plaintiff's resulting injuries and damages, were proximately caused by negligent acts and/or omissions on the part of Defendants. The occurrence at issue, and Plaintiff's resulting injuries and damages, were proximately caused by negligent acts and/or omissions on the part of Defendant.

IV.

That on the occasion in question, Defendant **KEN M. JORGENSEN** was guilty of negligence in the following particulars:

1. Failure to keep a proper lookout;
2. Driver inattention;
3. Traveling at a speed in excess of that which was reasonable and prudent given local traffic conditions;
4. Failure to take proper evasive measures to avoid collision;
5. Failure to signal when changing lanes; and
6. Unsafe lane change.

That such acts of negligence, individually and collectively, proximately caused the collision and proximately caused the injuries and damages to Plaintiff as set forth more particularly hereinafter.

V.

Because of the acts and/or omissions of its employee, Defendant **LAWRENCE TRANSPORTATION COMPANY** is responsible for the actions and/or omissions of its employee

under the doctrine of *respondeat superior* and/or *vicarious liability*.

VI.

That as a direct and proximate result of said collision, Plaintiff **PRINCESS BLACK** sustained injury to her neck and back. These injuries have caused Plaintiff pain, as well as loss of physical capacity and therefore, have had a serious effect on Plaintiff's health and well-being. Some, if not all, of Plaintiff's injuries and resulting symptoms will continue to trouble her long into the future. As a result of the occurrence in question and of Defendants' aforesaid negligence, Plaintiff has incurred reasonable and necessary medical expenses for the treatment of her injuries. In all likelihood, she will incur additional medical expenses periodically in the future related to these injuries.

By reason of all the foregoing injuries and damages, Plaintiff has been damaged in a sum within the jurisdictional limits of this Court.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs requests that Defendant be cited to appear and answer, and that upon final hearing thereof, Plaintiffs have:

1. Judgment against the Defendant's for Plaintiff's damages in a sum within the jurisdictional limits of this Court;
2. Pre-judgment interest at the maximum legal rate;
3. Post-judgment interest at the maximum legal rate until paid;
4. Attorney's fees;
5. Costs of suit, and
6. Such other and further relief at law and in equity to which Plaintiff may show herself to be justly entitled.

REQUEST FOR DISCLOSURE

In accordance with Rule 194 of the Texas Rules of Civil Procedure, Defendant are requested to disclose to Plaintiff at the office of the undersigned counsel for Plaintiff, within fifty (50) days of service of this request, the information or material described in Rule 194.2 (a)-(l).

Respectfully submitted,

ROLLE, BREELAND, RYAN
LANDAU, WINGLER & HINDMAN

/s/: Rick Wingler

RICK LEE WINGLER

Attorney For Plaintiff

State Bar No. 21769700

2030 Main Street, Suite 200

Dallas, TX 75201

Telephone: (214) 742-8897

Facsimile: (214) 637-6872

rickw@rbrl.com

lisap@rbrl.com

IMPORTANT NOTICE TO DEFENDANT :

YOU MUST CONTACT YOUR INSURANCE COMPANY AND DELIVER
THIS PETITION TO THEM IMMEDIATELY !!

CAUSE NUMBER (FOR CLERK USE ONLY):

CC-15-04604-B

COURT (FOR CLERK USE ONLY):

STYLED:

Princess Black v. Ken M. Jorgenson et al

(e.g., John Smith v. All American Insurance Co.; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:
Name:	Email:	Plaintiff(s)/Petitioner(s):		<input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner
Rick Lee Wingler	rickw@rbrl.com	<u>Princess Black</u>		<input type="checkbox"/> Pro Se Plaintiff/Petitioner
Address:	Telephone:	Defendant(s)/Respondent(s):		<input type="checkbox"/> Title IV-D Agency
2030 Main Street, Suite 200	214.742.8897	<u>Ken M. Jorgenson et al</u>		<input type="checkbox"/> Other:
City/State/Zip:	Fax:			Additional Parties in Child Support Case:
Dallas, Texas 75201	214.637.6872			Custodial Parent:
Signature:	State Bar No:			Non-Custodial Parent:
<u>Rick Lee Wingler</u>	21769700			Presumed Father:
[Attach additional page as necessary to list all parties]				
2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil		Family Law		
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract:	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input checked="" type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: <input type="checkbox"/> Other Injury or Damage:	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property:	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order
Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract:		Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other:	Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other:	Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child:
Employment	Other Civil			
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment:	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other:		
Tax	Probate & Mental Health			
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings		<input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other:	
3. Indicate procedure or remedy, if applicable (may select more than 1):				
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
4. Indicate damages sought (do not select if it is a family law case):				
<input checked="" type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000				

Exhibit B-2

Rev 2/13

**THE STATE OF TEXAS
CITATION**

CAUSE NO. CC-15-04604-B
COUNTY COURT AT LAW NO. 2
Dallas County, Texas

TO:

**KEN M. JORGENSEN
205 6TH AVENUE
HAYFIELD MN 55940**

"You have been sued. You may employ an attorney. If you or your Attorney do not file a WRITTEN ANSWER with the clerk who issued this citation by 10:00 A.M. on the Monday next following the expiration of twenty days after you were served this citation and **PLAINTIFFS' ORIGINAL PETITION WITH REQUEST FOR DISCLOSURE**, a default judgment may be taken against you." Your answer should be addressed to the clerk of County Court at Law No. 2 of Dallas County, Texas at the Court House of said County, 600 Commerce Street, Suite 101, Dallas, Texas 75202.

**PRINCESS BLACK
*Plaintiff(s)***

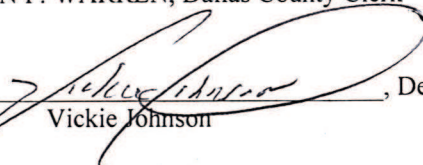
VS.

**KEN M. JORGENSEN; LAWRENCE TRANSPORTATION COMPANY
*Defendant(s)***

filed in said Court on the 10th day of September, 2015 a copy of which accompanies this citation.

WITNESS: JOHN F. WARREN, Clerk of the County Courts of Dallas County, Texas. GIVEN UNDER MY HAND AND SEAL OF OFFICE, at Dallas, Texas, and issued this 10th day of September, 2015 A.D.

JOHN F. WARREN, Dallas County Clerk

By , Deputy
Vickie Johnson



ATTORNEY

**CITATION
WITH REQUEST FOR DISCLOSURE
ATTACHED**

CC-15-04604-B

IN THE COUNTY COURT OF DALLAS
County Court at Law No. 2
Dallas County, Texas

PRINCESS BLACK, *Plaintiff(s)*

VS.

**KEN M. JORGENSEN; LAWRENCE
TRANSPORTATION COMPANY,
*Defendant(s)***

SERVE:

**KEN M. JORGENSEN
205 6TH AVENUE
HAYFIELD MN 55940**

**ISSUED THIS
10th day of September, 2015**

John F. Warren, County Clerk
By: Vickie Johnson, Deputy

Attorney for Plaintiff

**RICK LEE WINGLER
ROLLE BREELAND RYAN LANDAU
WINGLER & HINDMAN
2030 MAIN ST SUITE 200
DALLAS TX 75201
214-742-8897**

**NO OFFICER'S FEES HAVE BEEN
COLLECTED BY DALLAS COUNTY CLERK**

Exhibit B-3

OFFICER'S RETURN

CC-15-04604-B County Court at Law No. 2

PRINCESS BLACK vs. KEN M. JORGENSEN, LAWRENCE TRANSPORTATION COMPANY

ADDRESS FOR SERVICE:

205 6TH AVENUE
HAYFIELD MN 55940

Fees:

Came to hand on the _____ day of _____, 20____, at _____ o'clock _____ m., and executed in _____ County, Texas by delivering to KEN M. JORGENSEN in person, a true copy of this Citation together with the accompanying copy of the PLAINTIFFS' ORIGINAL PETITION WITH REQUEST FOR DISCLOSURE with the date and service at the following times and places to-wit:

Name

Date/Time

Place, Course and Distance from Courthouse

And not executed as to the defendant(s), _____

The diligence used in finding said defendant(s) being:

and the cause or failure to execute this process is:

and the information received as to the whereabouts of said defendant(s) being:

Serving Petition and Copy \$ _____, Officer _____

Total \$ _____, County, Texas

By: _____, Deputy

_____, Affiant



COUNTY COURT AT LAW NO. 2
GEORGE L. ALLEN SR. COURTS BUILDING
600 COMMERCE STREET, SUITE 555
DALLAS, TEXAS 75202
214-653-7365

September 17, 2015

RICK LEE WINGLER
ROLLE BREELAND RYAN LANDAU WINGLER & HINDMAN
2030 MAIN ST SUITE 200
DALLAS TX 75201

Re: Cause No. CC-15-04604-B

PRINCESS BLACK vs. KEN M. JORGENSEN, LAWRENCE TRANSPORTATION
COMPANY

NOTICE PURSUANT TO TRCP 165a

Pursuant to Rule 165a of the Texas Rules of Civil Procedure, the above case is set for dismissal
on **12/14/2015 at 9:00 a.m.**

If an answer has not been filed by the requisite appearance date, it will be expected that you will
have moved for a default judgment seven (7) days before the above-referenced dismissal date.
Your failure to do so may result in dismissal of the case.

If you are unable to obtain service of process by the above-referenced dismissal date, you must
notify the court and request an extension.

If an answer has been filed, a trial date will be set and you will be notified of same.

If you have any questions regarding this notice, contact the court coordinator at the number listed
above.

Sincerely,

JUDGE KING FIFER
Judge Presiding

Exhibit B-4

CAUSE NO. CC-15-04604-B

PRINCESS BLACK	§	IN THE COUNTY COURT
Plaintiff,	§	
	§	
v.	§	AT LAW NO. 2
	§	
KEN M. JORGENSEN and	§	
LAWRENCE TRANSPORTATION	§	
COMPANY	§	
Defendants.	§	DALLAS COUNTY, TEXAS

ORIGINAL ANSWER OF DEFENDANT KEN M. JORGENSEN

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, Ken M. Jorgenson, Defendant (hereinafter referred to as "Defendant") in the above-styled and numbered cause, and files this, his Original Answer in this proceeding and in support hereof respectfully shows the Court as follows:

**I.
GENERAL DENIAL**

Defendant generally denies, each and every, all and singular, the allegations contained in Plaintiff's Original Petition and demands strict proof thereof, as allowed under the laws of the State of Texas. By this general denial, Defendant would require Plaintiff to prove every fact to support the claims in Plaintiff's Original Petition by a preponderance of the evidence pursuant to Rule 92 of the Texas Rules of Civil Procedure.

**II.
JURY DEMAND**

Defendant demands a jury trial and tenders the fee herewith.

**III.
RULE 193.7 NOTICE**

Defendant intends to use those documents produced by all parties during discovery upon the trial of this case and hereby provides all parties notice of that intent pursuant to Rule 193.7 of the Texas Rules of Civil Procedure.

**IV.
AFFIRMATIVE DEFENSES**

1. Further answering, if same be necessary, Defendant would show that the occurrence made the basis of this suit, and any injuries related thereto were caused by the sole and/or proximate and/or contributing and/or comparative fault or negligence of Plaintiffs.

2. Further answering, if same be necessary, by way of affirmative defense, Defendant asserts that the incident made the basis of this suit and any of Plaintiff's alleged damages related thereto were the result of the negligent acts and/or omissions, or other wrongful conduct of third parties over whom this Defendant had no control and for which Defendant bears no responsibility.

3. Further answering, if same be necessary, Defendant would show that any injuries or incapacities or disabilities claimed by Plaintiffs were of an extremely minor nature and a short duration and that such injuries, incapacities or disabilities have fully resolved.

4. Further answering, if same be necessary, Defendant would show that the injuries and/or incapacities and/or disabilities of Plaintiff, if any, were the result of prior or subsequent incidents or conditions and were not proximately caused by the incident made the basis of this suit.

5. Further answering, if same be necessary, Defendant would show that Plaintiff's injuries and damages, if any, were the result of an intervening and/or superceding cause unrelated to any act or omission of Defendant.

6. Further answering, Defendant affirmatively pleads that the alleged injury or injuries or damages of which Plaintiff complains, if any, were actually sustained, or are the result, in whole or in part, of a pre-existing and/or subsequently existing condition or conditions, and are not the result of any act or omission by Defendant, and are unrelated to the incident made the basis of this suit.

7. Further answering, if same be necessary, Defendant would show that Plaintiff has failed to mitigate her damages.

8. For further answer, if same be necessary, Defendant would show that Plaintiff's recovery of medical or health care expenses is limited to the amount actually paid or incurred by or on behalf of the Plaintiff, as mandated by Texas Civil Practice and Remedies Code Section 41.0105.

9. Further answering, if same be necessary, Defendant would show that he is entitled to credit and offset for monies previously paid.

10. Further answering, if same be necessary, Defendant would show by way of affirmative defense that the incident made this basis of this lawsuit was an unavoidable accident.

11. Defendant further alleges that in the event any other person or party enters into any agreement with the Plaintiff and settles any claim with respect to personal injury or other harm for which Plaintiff seeks to recover or damages in this suit, the Defendant is entitled to a credit toward any liability to Plaintiff may be found to have in accordance with Texas Civil Practice & Remedies Code, Chapter 33. Defendant reserves the right to make an election in accordance with Texas Civil Practice & Remedies Code Ann. §§ 33.012-33.017, if and when such settlements are made.

12. Pleading further, without waiving any of the foregoing, Defendant further alleges that Plaintiff's injuries and damages, if any, were proximately caused in whole or in part by the acts and omissions of third-parties over whom the Defendant has no control or rights of control; and Defendant specifically reserves any actions for contribution and indemnity against such third-parties and reserves its rights and remedies under Texas Civil Practice & Remedies Code Ann. § 33.001, *et seq.*

13. Further answering, if same be necessary, Defendant further alleges that not all of Plaintiff's medical expenses incurred following the incident were reasonable and necessary.

14. Further answering, if same be necessary, Defendant would show that Plaintiff is required to prove any claim for recovery or loss of earnings, loss

of earning capacity or other pecuniary loss by representation of such in the form of a net loss after reduction for income tax payments or unpaid tax liability pursuant to Section 18.091 of the Texas Civil Practices and Remedies Code.

**V.
PRAYER**

WHEREFORE, PREMISES CONSIDERED, Defendant prays that Plaintiff take nothing by virtue of her claims. Defendant also prays for such other and further relief, both general and special, at law or in equity, to which it may be justly entitled.

Respectfully submitted,

**SCOPELITIS, GARVIN, LIGHT,
HANSON & FEARY, P.C.**

By: /s/ Emily A. Quillen
John W. Greene
State Bar No. 08391520
jgreene@scopelitis.com
Emily A. Quillen
State Bar No. 24045624
equillen@scopelitis.com

801 Cherry Street, Suite 1075
Fort Worth, Texas 76102
Tel: (817) 869-1700
Fax: (817) 878-9472

ATTORNEYS FOR DEFENDANT
KEN M. JORGENSEN

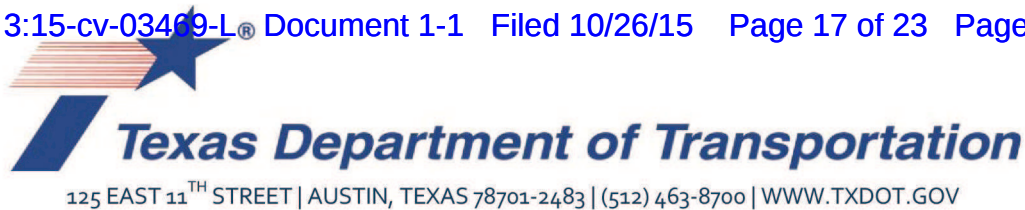
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the above and foregoing *Original Answer of Defendant Ken M. Jorgenson* has been served upon all counsel of record as indicated below on this 26th day of October, 2015,

<u> X </u>	Electronic Service	Rick Lee Wingler
<u> </u>	Certified Mail, RRR	Rolle, Breeland, Ryan Landau, Wingler
<u> </u>	Regular First-Class Mail	& Hindman
<u> </u>	Facsimile	2030 Main Street, Suite 200
		Dallas, TX 75201

/s/ Emily A. Quillen
Emily A. Quillen

4848-2483-6137, v. 1



Wed, 29 Apr 2015

STATE OF TEXAS §

This is to certify that I, Debra Vermillion, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Wed, 02 Oct 2013, which occurred in Dallas County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Debra Vermillion, Director
Crash Data and Analysis Section
P. O. Box 149349
Austin, Texas 78714
(512) 486-5780



IDENTIFICATION & LOCATION

★Crash Date (MM/DD/YYYY) 10/02/2013

★Crash Time (24HRMM) 0620

Case ID 252580A

Local Use

★County Name DALLAS

★City Name DALLAS

☐ Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees)

Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

★1 Rdwy. Sys. IH

★Hwy. Num. 45

2 Rdwy. Part 2

Block Num. 35000

3 Street Prefix W

★Street Name LBJ

4 Street Suffix FWY

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot

☐ Toll Road/ Toll Lane

Speed Limit 30

Const. Zone ☐ Yes ☒ No

Workers Present ☐ Yes ☒ No

Street Desc. PUBLIC STREET

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. ☐ Yes ☒ No

1 Rdwy. Sys. LR

Hwy. Num.

2 Rdwy. Part

Block Num. 7400

3 Street Prefix

Street Name BONNIE VIEW

4 Street Suffix RD

Distance from Int. or Ref. Marker 15

☒ FT ☐ MI

3 Dir. from Int. or Ref. Marker E

Reference Marker

Street Desc. PUBLIC STREET

RRX Num.

Unit Num. 1

5 Unit Desc. 1

☐ Parked Vehicle

☐ Hit and Run

LP State MN

LP Num. PAG5341

VIN 9N265914

Veh. Year 2009

6 Veh. Color WHI

Veh. Make VOLVO

Veh. Model UNKNOWN

7 Body Style TT

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2

DL/ID State MN

DL/ID Num. Y565261881016

9 DL Class 98

10 CDL End. 96

11 DL Rest. 98

DOB (MM/DD/YYYY) 05/11/1952

Address (Street, City, State, ZIP) 205 6TH HAYFIELD, MN 55940

VEHICLE, DRIVER, & PERSONS

Person Num. 1

12 Prsn. Type

13 Seat Position

Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

14 Injury Severity

Age

15 Ethnicity

16 Sex

17 Eject.

18 Restr.

19 Airbag

20 Helmet

21 Sol.

22 Alc. Spec.

Alc. Result

23 Drug Spec.

24 Drug Result

25 Drug Category

1 1 1 JORGENSEN, KEN M

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Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee

Owner/Lessee Name & Address LAWRENCE TRANSPORTATION, PO BOX7119 ROCHESTER, MN 55903

Proof of ☒ Yes ☐ Expired

26 Fin. Resp. ☐ No ☐ Exempt

26 Fin. Resp. Type 2

Fin. Resp. Name COTTINGHAM & BUTLER

Fin. Resp. Num. D20-0A01055

Fin. Resp. Phone Num. 563-587-5000

27 Vehicle Damage Rating 1

27 Vehicle Damage Rating 2

Vehicle Inventoried ☐ Yes ☒ No

Towed By Driver

Towed To Released

Unit Num. 2

5 Unit Desc. 6

☐ Parked Vehicle

☐ Hit and Run

LP State MN

LP Num. 4205C

VIN 1GREA06278W701188

Veh. Year 2008

6 Veh. Color WHI

Veh. Make

Veh. Model

7 Body Style TL

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type

DL/ID State

DL/ID Num.

9 DL Class

10 CDL End.

11 DL Rest.

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

VEHICLE, DRIVER, & PERSONS

Person Num.

12 Prsn. Type

13 Seat Position

Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

14 Injury Severity

Age

15 Ethnicity

16 Sex

17 Eject.

18 Restr.

19 Airbag

20 Helmet

21 Sol.

22 Alc. Spec.

Alc. Result

23 Drug Spec.

24 Drug Result

25 Drug Category

Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee

Owner/Lessee Name & Address LAWRENCE TRANSPORTATION, PO BOX7119 ROCHESTER, MN 55903

Proof of ☒ Yes ☐ Expired

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27 Vehicle Damage Rating 1

27 Vehicle Damage Rating 2

Vehicle Inventoried ☐ Yes ☒ No

Towed By Driver

Towed To Released

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00124408											
	Carrier's Corp. Name LAWRENCE TRANSPORTATION					Carrier's Primary Addr. POBOX 7119 ROCHESTER, MN 55903																
	30 Rdwy. Access	1	31 Veh. Type	9	<input checked="" type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	8	0	0	0	0	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.	
	33 Cargo Body Style	3	Trailer 1	Unit Num.	2	<input checked="" type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	1	4	5	0	0	34 Trlr. Type	2	Trailer 2	Unit Num.		<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR		34 Trlr. Type	
	Sequence Of Events	35 Seq. 1	13	35 Seq. 2		35 Seq. 3		35 Seq. 4		Total Num. Axles	5	Total Num. Tires	18									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing		May Have Contrib.	Unit Num.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									1	1	2	1	1	1	5	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Field Diagram – Not to Scale
	UNIT 1 WAS TOWING UNIT 2 AND WERE STOPPED AT A LIGHT ON WB 35000 LBJ FREEWAY SERVICE RD ABOUT TO TURN RIGHT ONTO 7400 BONNIE VIEW RD. UNIT 3 WAS STOPPED ON THE SHOULDER OF WB 35000 LBJ FREEWAY ATTEMPTING TO TURN RIGHT. UNIT 3 TURNED FROM IMPORPER LANE OF TRAFFIC WHILE UNIT 1 AND UNIT 2 WERE TURNING RIGHT CAUSING UNIT 2 TO COLLIDE RD TO LD. UNIT 3 OBSERVED UNIT 1 AT THE LIGHT WITH ITS TURN SIGNAL ON.	

INVESTIGATOR	Time Notified (24HRMM)	0	7	3	0	How Notified Dispatched	Time Arrived (24HR:MM)	0	7	4	0	Report Date (MM/DD/YYYY)	1	0	2	2	0	1	3						
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed)	Howard, Gershwin G																ID Num.	8216					
	Comp. <input type="checkbox"/> No	ORI Num.	T	X	0	0	0	0	0	0	6	★Agency	DALLAS POLICE DEPARTMENT										District/Area	0	7
	Copy from Custodial File																								



★Crash Date (MM/DD/YYYY) 1 / 0 / 2 / 2 / 0 / 1 / 3						★Crash Time (24HRMM) 0 / 6 / 2 / 0						Case ID 252580A						Local Use																	
★County Name DALLAS												★City Name DALLAS												<input type="checkbox"/> Outside City Limit											
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												Latitude (decimal degrees)												Longitude (decimal degrees)											
ROAD ON WHICH CRASH OCCURRED																																			
★1 Rdwy. Sys. IH				★Hwy. Num. 45				2 Rdwy. Part 2				Block Num. 35000				3 Street Prefix W				★Street Name LBJ				4 Street Suffix FWY											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot												<input type="checkbox"/> Toll Road/Toll Lane				Speed Limit 30				Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Street Desc. PUBLIC STREET							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				1 Rdwy. Sys. LR				Hwy. Num.				2 Rdwy. Part				Block Num. 7400				3 Street Prefix				Street Name BONNIE VIEW				4 Street Suffix RD							
Distance from Int. or Ref. Marker 15						<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E				Reference Marker				Street Desc. PUBLIC STREET				RRX Num.															
Unit Num. 3				5 Unit Desc. 1				<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run				LP State TX				LP Num. CS6P912				VIN 1 G C C S 1 4 5 1 Y K 2 1 8 2 5 6															
Veh. Year 2 / 0 / 0 / 9				6 Veh. Color WHI				Veh. Make HYUNDAI				Veh. Model ACCENT				7 Body Style P4				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1				DL/ID State TX				DL/ID Num. 28559453				9 DL Class C				10 CDL End. 96				11 DL Rest. 96				DOB (MM/DD/YYYY) 0 / 3 / 1 / 4 / 1 / 9 / 8 / 8											
Address (Street, City, State, ZIP) 1331 CY BLACKBURN CIR DALLAS, TX 75217																																			
Person Num. 12 Prsn. Type 13 Seat Position												Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Alc. Result 24 Drug Spec. 25 Drug Result 26 Drug Category											
1 1 1												BLACK, PRINCESS V												N 25 B 2 1 1 1 97 N 96 96 97 97											
																								Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee												Owner/Lessee Name & Address BLACK, PRINCESS V, 1331 CY BLACKBURN CIR DALLAS, TX 75217																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt												26 Fin. Resp. Type 1				Fin. Resp. Name ALLSTATE								Fin. Resp. Num. 016010871											
Fin. Resp. Phone Num. 2143703122												27 Vehicle Damage Rating 1 - L D - 3								27 Vehicle Damage Rating 2 -								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By RELEASED TO OWNER												Towed To																							
Unit Num.				5 Unit Desc.				<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run				LP State				LP Num.				VIN															
Veh. Year				6 Veh. Color				Veh. Make				Veh. Model				7 Body Style				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type				DL/ID State				DL/ID Num.				9 DL Class				10 CDL End.				11 DL Rest.				DOB (MM/DD/YYYY) / /											
Address (Street, City, State, ZIP)																																			
Person Num. 12 Prsn. Type 13 Seat Position												Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Alc. Result 24 Drug Spec. 25 Drug Result 26 Drug Category											
																								Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.											
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee												Owner/Lessee Name & Address																							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt												26 Fin. Resp. Type				Fin. Resp. Name								Fin. Resp. Num.											
Fin. Resp. Phone Num.												27 Vehicle Damage Rating 1 - L D -								27 Vehicle Damage Rating 2 -								Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No							
Towed By												Towed To																							

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	Carrier's Corp. Name				Carrier's Primary Addr.				
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	3	65														

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Field Diagram – Not to Scale

INVESTIGATOR	Time Notified (24HRMM)	0 7 3 0	How Notified Dispatched	Time Arrived (24HR:MM)	0 7 4 0	Report Date (MM/DD/YYYY)	1 0 / 0 2 / 2 0 1 3
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)	Howard, Gershwin G	ID Num.	8216		
	ORI Num.	T X 0 0 0 0 0 0 0 6	★Agency	DALLAS POLICE DEPARTMENT	District/Area	0 7	
	Copy from Custodial File						

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

PRINCESS BLACK
Plaintiff,

v.

KEN M. JORGENSEN and
LAWRENCE TRANSPORTATION
COMPANY
Defendants.

§
§
§
§
§
§
§
§

CIVIL ACTION NO. _____

DECLARATION OF KEN M. JORGENSEN

1. My name is Ken M. Jorgenson. I am over the age of 21 years, of sound mind, capable of making this declaration, competent to give the testimony herein, and personally acquainted with the facts herein stated. I have never been convicted of a felony. The following statements are based on my personal knowledge and they are true and correct.

2. I am currently a citizen of the State of Minnesota. I have resided at a home located at 205 6th ^{St JK} ~~Avenue~~ in Hayfield, Minnesota for approximately twenty-seven years. Specifically, I resided in Hayfield, Minnesota on September 10, 2015. I currently reside at that same residence and I have resided there continuously since September 10, 2015.

3. Since at least September 10, 2015, I have been and continue to be a registered voter in the State of Minnesota. I have open and active banking accounts in the State of Minnesota that have been open and active since at least September 10, 2015. During the 2014 tax year, I filed a state income tax return with the State of Minnesota and plan to file state income tax return for 2015. My current driver's license, which I have held since before September 10, 2015, was issued by the State of Minnesota. My personal automobile is registered

in the State of Minnesota and has been registered with the State of Minnesota since September 10, 2015.

4. I have never resided in the State of Texas.

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 25, 2015.


KEN M. JORGENSEN

4840-9221-3801, v. 1